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Abstract

Concerned with speech and hearing services, the handbook provides guidelines, policies, or information on the following subjects: a calendar for the school year; dates of reports due; names and addresses of speech therapists; schools served and administrative personnel connected with them; screening procedures; survey reports; case loads; the waiting list; conferences with parents; home visits; parents of children with dysrhythmia; attendance problems; report cards; the semi-annual report; the final state report and closing out procedures; forms; psychological referrals; the intensive cycle approach; assignment to home schools; length of school day; and therapy plans. Also considered are speech books, coordination time, inclusion of the educable retarded in speech therapy, speech improvement, learning disabilities, staff meetings, the intern program, leave policy, conventions, therapist conferences, visitation days, organizational membership, relationship with supervisors, school meetings, committees, purchase of equipment, staff meeting assignments, speeches to community groups, the professional library, channels of referral, and state program standards. (RJ)

ED033493

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Ohio

Hamilton County Public Schools
Division of Special Education
Speech & Hearing Services
Handbook
1969-70

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Mrs. Genevieve D. Roberts, Supervisor
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Division of Special Education
Hamilton County Public Schools
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FORWARD

I am proud to have played a part in the production of this fine Handbook for the Speech and Hearing Services of the Hamilton County Schools.

It is not only a guide, but involved in its contents is the philosophy of the County Office of Education toward better services to all children.

As our staff of fine professionals increase, and as their services reach more children, we all become increasingly more humble because of this increased responsibility.

We sincerely hope this Handbook serves well the people for whom it is meant: Speech Therapists, School Administrators, School Nurses, Counselors, Students, and University personnel.

Colin P. Yacks, Director
Division of Special Education
Hamilton County Public Schools

HAMILTON COUNTY PUBLIC SCHOOLS
325 East Central Parkway
Cincinnati, Ohio 45202

CALENDAR FOR THE SCHOOL YEAR 1969-70

The following is the calendar for the school year 1969-70 subject to any future amendments that should become necessary:

September 2 (Tuesday)	SCHOOLS OPEN
October 24 (Friday)	Southwest Ohio Education Assn. Meeting. SCHOOLS CLOSED
November 11 (Tuesday)	Veterans' Day SCHOOLS CLOSED
November 27 (Thursday)	Thanksgiving Day SCHOOLS CLOSED
November 28 (Friday)	Thanksgiving Recess SCHOOLS CLOSED
December 19 (Friday)	SCHOOLS CLOSE (at regular time) for Christmas Recess
January 5 (Monday)	SCHOOLS RE-OPEN
March 11 (Wednesday)	Tentative Date - Released-Time Meeting
March 26, 27, and 30 (Thursday, Friday and Monday)	Spring Recess SCHOOLS CLOSED
June 5 (Friday)	SCHOOLS CLOSE

S E P T E M B E R

	1	2 Initial Staff Meeting 9.00 - 4.00	3	4	5	6
7	8	9	10 Block 3 Schedule due Caseload Survey due	11	12	13
14	15	16	17 Staff Interns Coop. Therapist Luncheon Speaker	18	19	20
21	22	23	24	25	26	27
28	29	30				

O C T O B E R

			1	2	3	4
5	6	7	8 Intern Meeting	9	10	11
12	13	14	15 Staff Meeting 1:00 - 4:00	16	17	18
19	20	21	22	23	24 S.W.O.T.A	25
26	27	28	29	30	31	

NOVEMBER

2	3	4	5 Staff Meeting	6 Council for Exceptional Children Columbus	7 End Block A	8
9	10 Begin Block B	11 Veterans Day Schools Closed	12	13	14	15
16	17 Block B Caseload Schedule Survey due	18	19 Staff Meeting Speaker 1:00-4:00	20	21	22
23	24	25	26	27 THANKSGIVING RECESS	28	29
30						

DECEMBER

	1	2	3 Intern Meeting	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18 P.T.A. Christmas Luncheon	19 Christmas Recess begins	20
21	22 CHRISTMAS RECESS	23	24	25	26	27
28	29	30	31			

JANUARY 1970

3---	5 School Reports	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21 Staff Meeting 1:00-4:00	22	23 Semi-annual Reports due End Block B	24
25	26 Begin Block C	27	28	29	30	31

FEBRUARY

1	2 Schedule Caseload Survey Block C	3 Intern Meeting	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18 Staff Meeting Speaker	19	20	21
22	23	24	25	26	27	28

M A R C H

1	2	3	4 Intern Meeting 1:00-4:30	5	6	7
8	9	10	11 Release Time Meeting County (Tentative)	12	13	14
15	16	17	18 Staff Meeting 1:00-4:00	19	20	21
22 / 29	23 / 30	24 Begin Block D / 31	25 End Block C	26 Spring Recess through March 30th	27	28

A P R I L

			1 Intern Meeting 1:00 - 4:00	2	3	4
5	6	7 Schedule Caseload for Block D due	8	9	10	11
12	13	14	15 Staff Meeting	16	17 O.S.H.A. Columbus	18
19 / 26	20 O.E.A. Chicago, March 19-25, 1970 / 27	21 / 28	22 / 29	23 / 30	24	25

			Staff Meeting		1	2
					8	9
	11	12	13	14	15	16
	18	19	20 Staff Meeting	21	22	23
24	25	26	27	28	29	30

JUNE

	1	2	3 Final Staff Meeting 1:00-4:00	4 End Block D	5 Final Report Due	
7	8	9	10	11	12 Schools Close	1

ASSIGNED TO HAMILTON COUNTY OFFICE OF EDUCATION

REPORTS DUE

0. Survey Reports See page 9 and form SH-2.

0. Case Load See page 9

0. Waiting List See page 10

Block A, September 10, 1969
Block B, November 17, 1969
Block C, February 2, 1970
Block D, April 7, 1970

0. Parent Conference Report - Semi-annually. See pages 11 and form SH-5.

0. Semi-Annual Report - January 23, 1970. See page 14 and form SH-9.

0. Report Cards. See page 14 and form SH-6.

0. School Board Meeting - See page 29.

0. Final State Report - June 5, 1970. See page 14.

HAMILTON COUNTY BOARD OF EDUCATION
Division of Special Education
Speech Therapists
1969-70

Therapist	A-C	B-D
Sandra Austin 9531 Maple Knoll Drive Cincinnati, Ohio 45239 521-7772	*Dulles 662-2442 Bridgetown	Bridgetown 481-8511 Dulles
Marti Avant (Mrs.)** 5850 Pameleen Court #6 Cincinnati, Ohio 45239 541-2858	Struble 522-2700 *Weigel 522-7770	Houston 521-4642 Weigel
Linda Brooks (Mrs.) 4605 Vendame Apartment 5 Cincinnati, Ohio	Steele Subdivision (.5 time) 542-7379	
Nita Clarisey (Mrs.) 11409 Flagler Lane Cincinnati, Ohio 45240 825-1759	*Taylor 825-3000 Monfort Hgts. 661-5845	Monfort Heights Taylor
Jane Copenhaver (Mrs.) 7744 Euclid Cincinnati, Ohio 45243 561-4359	(Auxilliary Services) Madeira Schools (.5 time)	
	*White Oak 541-5300 Jr. High	Pls. Run 825-7070 Coler. Jr. & Sr. Jr. - 522-8490 Sr. - 521-1890
Barbara Doerner 1815 Wm. Howard Taft Road Apartment 204 Cincinnati, Ohio 45206 221-6998	*Fairfax/Dale Park 271-3156/271-3114 Mariemont High	Terrace Park 831-2485 Fairfax/Dale Park
Sigrid Eigenberg (Mrs.)** 877 Ludlow Cincinnati, Ohio 45220 542-4377	Lincoln Heights 771-1414	Lincoln Heights

Speech Therapists (Continued)

Donna Estridge 5123 Hawaiian Terrace Apartment 11 Cincinnati, Ohio 45239 541-4601	*Harrison 922-1485 Oak Hills 922-2300	Oak Hills Harrison
Leticia Follmer (Mrs.)** 1013 Nohunta Court Cincinnati, Ohio 45231 729-0336	*Cottonwood 931-0750 Brent 931-0750 Intern Pro. Wed.	Whitaker 931-0750 Finneytown 931-0750
Suzanne Fountaine 611 Pandora Apts. 2375 Montana Avenue Cincinnati, Ohio 45211 661-6486	*Colerain 522-1740 Pls. Run 825-7070	Colerain Pls. Run
Linda Fox 1145 Cryer Cincinnati, Ohio 45208 871-0029	*Lockland Elem. 733-4991 Arlington Heights Lockland High	
Lois Hertzman (Mrs.) 1116 Towne Street Apartment 1 Cincinnati, Ohio 45216 242-4839	Allison Sharpsburt *Williams Avenue 8:30-10:00	North Norwood Norwoodview
Kathy Hosea 5123 Hawaiian Terrace #11 Cincinnati, Ohio 45239 541-4601	*Connor 941-0990 C.T. Young 941-1640	Addyston 941-1090 Miami Hts. 941-3161 Three Rivers High 941-5784
Kathy King 3175 Bracken Road Apartment #9 Cincinnati, Ohio 45211	*Delhi Jr. 922-8400 Springmeyer 661-1205	Springmeyer Delhi Jr. High
Eilene Klug (Mrs.)** 11380 Enyart Road Cincinnati, Ohio 683-6082	Hilltop/L.D. 733-4322 *South 761-8300	Reading High 733-4422 Reading Central 761-1844

Speech Therapists (continued)

Virginia Miller (Mrs.)** 40 Sherwood Milford, Ohio 45150 831-9499	(Traditional) Sellman Miami Hills	Camargo
Gail Nakamura 1815 Wm. Howard Taft Road Apartment 204 Cincinnati, Ohio 45206 221-6998	Summit 231-2700 *Maddux 231-0780	Maddux Anderson Jr. High 232-2052
Sharon Stupak 1815 Wm. Howard Taft Rd. Apartment 410 Cincinnati, Ohio 45206 221-6998	Newtown 561-7276 *Wilson 231-3240	Maddux 231-0780 Anderson High 231-3600 Newtown
Donald Turner 1621 Flora Avenue Cincinnati, Ohio 45231 521-2265	*Hooven 941-2620 Miamitown 941-0930 Elizabethtown 941-2340	Harrison Jr./Sr. Hi. 1-634-3221 Crosby 1-736-4941 Harrison Elementary 1-634-2214

* Home School
** Cooperating Therapist - Intern Program

Hamilton County Public Schools
325 East Central Parkway
Cincinnati, Ohio 45202

SCHOOL	ADDRESS	TEL. NO.	LOCAL SUPTS. PRINCIPALS
INNEYTOWN	8779 Winton Road, Cin.,O. (31)	931-0750	
rent Elem.	8791 Brent Dr., Cin.,O. (31)	931-0750	*** Fred Le May
ottonwood Elem.	8513 Cottonwood Dr., Cin.,O. (31)	931-0750	*** Julia Klinchok
inneytown H.S.	8916 Fontainbleau Tr. Cin., O. (31)	931-0750	*** Wm. E. Steiden
hitaker Elem.	7400 Winton Rd., Cin.,O.(24)	931-0750	*** Everett Nissly
OREST HILLS	7600 Forest Road, Cin., O.(30)	231-3600	* Robert Goforth ** Royal Hall ** Robert C. Wolf
nderson H. S.	7560 Forest Rd. Cin., O. (30)	231-3600	*** E. Wayne Titus
nderson Jr. H.S. (Grades 6-9)	7537 Beechmont Ave., Cin., O. (30)	231-3600	*** Fiem Justice
ewtown Elem.	6830 School St.,Cin.,O.(44)	561-7276	*** Clifford Elliott
ilson Elem.	2465 Little Dry Run Rd., Cin.,O. (44)	231-3240	*** Elsie Minnick
addux Elem.	943 Rosetree Lane, Cin.,O. (30)	231-0780	*** Robt. Keplinger
ummitt Elem.	8400 Northport, Cin., O. (30)	231-2700	*** Wm. R. Meyers
INCOLN HEIGHTS	Lindy & Magee Streets,Cin., O. (15)	771-1414	* Willis Holloway
incoln Hgts. Elem.	Lindy & Magee Streets, Cin., O. (15)	771-1414	*** Ernest Ector
incoln Hgts. H.S.	Lindy & Magee Streets, Cin., O. (15)	771-1414	*** Eddie Starr
ORTHWEST	4850 Poole Road, Cin., O. (39)	931-3100	* Edmond Hammond ** Everett Welch ** Robert Kleeman **** Oliver Wilson **** Jospeh Presnell **** Wm. Whitaker
. A. Struble Elem.	Jonrose & Noralma Ave., Cin., O. (39)	522-2700	*** Russell Sammons
lerain Elem.	4850 Poole Road, Cin.,O. (39)	522-1740	*** John Merritt
lerain H. S.	8801 Cheviot Rd., Cin., O. (39)	521-1890	*** Carl Banks
lerain Jr. H.S.	4850 Poole Road., Cin., O. (39)	522-8490	*** Corinne Styles
aylor Elem.	3173 Springdale Rd., Cin., O. (39)	825-3000	*** Ethelberta Beard
uston Elem.	3310 Compton Rd., Cin., O. (39)	521-4642	*** Deward Hargis
nfort Hgts. Elem.	3661 West Fork Road, Cin., O., (39)	661-5845	*** Albert Chandler
easant Run Elem.	11765 Hamilton Ave., Cin., O. (39)	825-7070	*** Norris Bullock
n Weigel Elem.	3242 Banning Road, Cin., O. (39)	522-7770	*** George Bridges
ite Oak Jr. H.S.	3130 Jessup Road, Cin., O. (39)	541-5300	*** Joseph Luckett
easant Run Jr. H. S.	11770 Pippin Road,Cin., O. (39)	851-2400	*** Donald Hester

* Superintendent
** Assistant Superintendent
*** Principal
**** Administrative Assistant

SCHOOL	ADDRESS	TEL. NO.	LOCAL SUPTS. PRINCIPALS
OAK HILLS	6479 Bridgetown Rd., Cin., O. (11)	662-2200	* Richard Herron ** Walter Denecke **** Robt. Kaiser
Bridgetown Jr. H. S.	3900 Race Road, Cin., O., (11)	481-8511	*** Donald Smith
C. O. Harrison Elem.	585 Neeb Road, Cin., O. (38)	922-1485	*** Richard Ernst
Delhi Jr. H.S.	5280 Foley Road, Cin., O. (38)	922-8400	*** Richard Witsken
J. F. Dulles Elem.	6479 Bridgetown Road, Cin., O. (11)	662-2442	*** Eugene Kramer
Oak Hills H. S.	3200 Ebenezer Road, Cin., O. (11)	922-2300	*** Willard Sweeder
Springmyer Elem.	4179 Ebenezer Road, Cin., O. (11)	661-1205	*** Frank Chaney
Oakdale Elem.	3850 Virginia Ct., Cin., O. (11)	661-9100	*** Allen Brodt
Delshire Elem. (To Open November 1)	4402 Glenhaven Rd., Cin., O. (38)		
SOUTHWEST	230 South Elem St., Harr., O. (45030)	241-0626	* Tilman Juett ** C.Joseph Wisema
Crosby Elem.	R.R.#1, Harrison, O. (45030)	1- 736-4941	*** Eugene Jones
Harrison Elem.	Broadway & Washington Sts., Harrison, Ohio (45030)	1- 634-2214	*** Joe B. Dick
Hooven Elem.	Hooven, Ohio 45033	941-2620	*** Robt. Bryant
Miamitown Elem.	Miamitown, Ohio (45041)	941-0930	*** Eugene Jones
Wm. H. Harrison H. S.	9860 West Road, Harr., O., (45030)	241-0626	*** Paul Grimm
Elizabethtown Elem.	R.R. #1, North Bend, O. (45052)	941-2340	*** Robt. Bryant
Harrison Jr.H.S.	9830 West Road, Harr., O (45030)	1- 634-3271	*** Andrew Frazier
THREE RIVERS	30-36 Harrison Ave., North Bend Ohio (45052	941-1218	* Meredith Hitch ** Wm. Scholl
Addyston Elem.	190 Main St., Addyston, O. (45001)	941-1090	*** Donald Payler
C.T.Young Elem.	401 N. Miami Ave., Cleves, O. (45002)	941-0990	*** David Sisson
J.S. Connor Elem.	Taylor & Symmes Ave., North Bend Ohio (45052)	941-1640	*** James Becker
Miami Hgts. Elem.	7670 Bridtown Rd.,Cin., O. (11)	941-3161	*** Glen Roth
Taylor H. S.	30-36 Harrison Ave., North Bend Ohio (45052)	941-2510	*** Mason Garrison
Three Rivers Jr. H. S.	8575 Bridgetown Road, Cleves, Ohio (45002	941-5784	*** Wm. Loughrey

* Superintendent
** Assistant Superintendent
*** Principal
**** Administrative Assistant

SCREENING PROCEDURES

A. For Speech Therapy

All Children in grades 1, 3, 5, (7, 9, and 11)* as well as children in slow learning classes (See page 20), will be screened by the speech therapist to identify those with speech problems. Simultaneously, all teachers of grades K, 2, 4, 6, 8, 10, and 12 are given a "Teacher Referral" Form SH-1. The teacher lists those children who should be evaluated by the therapist. The speech therapist then administers a Diagnostic Speech Evaluation to all children identified as having a speech problem. When all the children with speech problems have been identified and tested, it is the duty of the therapist to select those needing immediate therapy. The others are placed on the waiting list. The therapist will establish and qualify the criteria used to formulate each list. Some criteria to qualify each list are:

1. Speech Age - Chronological Age
2. Mental Age - Chronological Age
3. Severity of speech problems
    a. Organic
    b. Functional
4. Grade Level
5. Parental Concern
6. Previous speech therapy or evaluation
7. Hearing evaluation

* Students in rotating classes can be screened during English classes after arrangements have been made with administrators and teachers involved.

Screening Procedures (Continued)

8. Emotional consideration

9. Student attitude toward therapy

10. Teacher attitude toward therapy

B. For Hearing Loss

The screening of hearing and testing of hearing in all the schools is the responsibility of the school nurse as part of the health program. It is advisable for the therapist to assist when the nurse requests an audiogram and to determine which grades are screened by the nurse.

Each child on the caseload is to be given a hearing test by the therapist (screen).

Any child revealing a loss in 2 or more frequencies in the speech range should be given a threshold test. If a hearing loss is revealed, the following procedures should be followed:

1. Therapist gives threshold test.

2. Nurse gives threshold test.

3. If both results reveal a loss make an appointment with parent for a conference at school. If child is enrolled in speech class, the therapist sets up the conference. If not, nurse follows through.

4. Give Otological form to parent at conference and suggest that the family doctor be contacted for name of an otologist. Parent will then call otologist for an appointment. If parent has no family doctor, a list of seven (7) or more names of otologists may be shown to the parent or the parent may call the Academy of Medicine.

5. Otologist completes the form and mails it to the Division of Special Education, as indicated on the form.

6. The County Office will make a copy of the report and forward the original to the speech therapist.

7. Child should be checked yearly (give new form to parent each year) or until otologist dismisses the case.

Screening Procedures (Continued)

No child may receive lip reading or auditory training until the Otologist's Report is completed. See Form Sh-15.

C. For Voice Problems

Children with voice problems are usually detected during screening procedures. A list of these names should be given to the nurse. See Form SH-14 and SH- 12 . After receiving the information, the therapist will decide whether or not to recommend that a child be examined by an otolaryngologist (an ENT). If so the same procedures are followed as those for hearing loss. See numbers 3 - 7. The therapist, however, conducts all of these conferences whether the child is enrolled in speech therapy classes or not.

No child may receive voice therapy until the otolaryngologist's report is completed.

D. For Language Deficiency

Referrals for children with language deficiencies will most often come from classroom teachers and principals. Careful screening of hearing and speech will be necessary. Consultation with the classroom teacher, nurse and psycholgist, as well as seeing the child will aid in evaluating the child's vocalization, his imitation of speech, his spontaneous words, phrases and sentences. Adaption of Watson and Pickles Scales for Expressive and Receptive Language are available upon request from the County Office to further screen language abilities. Caution should be used in assigning these children to a caseload without first clearing with agencies and the Supervisor of Speech and Hearing Services.

SURVEY REPORTS

As soon as all screening procedures are completed, each therapist is required to complete a "Survey Report." See Form SH-2. This report will include survey procedures (grades screened), number on waiting list, children new to this school from the previous October, children enrolled in speech class the previous year, room conditions, and equipment needed. The report also asks the therapist to divide the number of children needing therapy into: mild, moderate, and severe. Be sure of the criteria applied in each category. The Survey Reports are due in the County Office by the date listed under Block plan. See page 2.

CASE LOAD

The typed case load should include those children needing immediate therapy. It should be sent or delivered to the County Office no later than Monday, September 26, at 4:00 P.M. and should contain the following information structured as follows:

8:30-9:00	AGE	GRADE	RM#	TEACHER	PROBLEM
John Smith	7	2		Miss Farmer	Artic--(indicate most involved errors)

Each teacher should be informed as to the names of children who are enrolled in speech class and the time they will attend. See Form SH-17.

A letter should be sent to the parent of every child enrolled indicating the time for therapy and some general statements regarding the child's speech problem. See Form SH-4. Parent visitations, other than those established by the Speech Therapist, should be arranged through the principal's office

Case Load (Continued)

NOTE: Caution must be exercised in placing Kindergarten, first grade, or children from slow-learning classes.

A. Kindergarten children are accepted with organic speech problems, hearing difficulties, and /or gross speech involvement. (See criteria under "Screening Speech.")

B. First grade children placed after an evaluation of mental and emotional maturity is determined. This should indicate their ability to cope with the demands of a speech therapy climate.

WAITING LIST

The waiting list will include the same basic information as the active case load. A mid-year re-check will be scheduled and the waiting list revamped as necessary.

Children with minor articulation problems that will improve with maturation do not need to be on the waiting list. The waiting list means speech therapy is desirable, but cannot be scheduled at this time.

CONFERENCES WITH PARENTS

Therapists must work closely with parents to realize optimum progress in speech development with their cases. Good parent cooperation takes incessant contact through telephone contacts and visitation. Visitation should not be structured only at the end of a certain period of time (six weeks or semester) but should be continued throughout the year. Periodic conferences, such as at semesters, is good planning; but this should not constitute the only parental contact.

The following method for parent conferences may be used as a general framework. Certain alterations need to be made, but basically this is a guideline.

Items to be considered:

1. Review the pupil's record before the interview.
2. Schedule the conference in a setting of privacy and comfort.
3. Greet the parent in a friendly, normal manner.
4. Use a "warm-up" topic to open the discussion.
5. Explain the purpose of the conference (if this has not been done by other means).
6. Point out the need to know the pupil as the parent sees him. Ask the parent if he would describe the child as to the child's activities, interests, dislikes, and plans.
7. Make mental notes for further investigation.
8. Summarize the parental observations.
9. Open the therapist report with an explanation that the information to be presented is a review of the therapist's observations of the pupil.
10. Select the pupil's strongest attribute. This will serve as a cushion for the less complimentary information.

Conferences with Parents (Continued)

11. Review each of the areas of information which parents usually seek.

12. When conflict occures between the therapist's observations and those of the parents, stop to analyze the underlying reasons.

13. Avoid giving advice; substitute instead an analysis of the situation.

14. Summarize the analysis of the child's progress.

15. Plan next step which will include assignments for the parent and the child. It is usually advisable to ask the parent to offer his suggestions before offering possible alternatives.

16. Leave the door open for the next conference and parental suggestions.

After a parent conference is held a report should be written. See Form SH-5. It should be filed with the child's folder.

At the end of each month, the therapist will send a report of the total number of conferences during that month to the supervisor. It should contain the following information:

DATE	PARENTS' NAMES	CHILD'S NAME	TYPE	SCHOOL (phone or personal)

HOME VISITS

Home visits are usually scheduled for Wednesday afternoons or after school hours. The principal should first be notified of the therapist's intent before the parents are notified since it may not be advisable in some instances for a home visit to be made. Upon occasion the school nurse may be interested in visiting the home with the speech therapist. The nurse should be noti fied when home visits are scheduled as she will have pertinent information.

PARENTS OF CHILDREN WITH DYSRHYTHMIA

It is most important for a therapist to have frequent contact with the parents of children who have disfluency. It has been established that these parents should come to school to observe therapy classes and have conferences with the therapist once a month. It is helpful if a specific date be established at the beginning of the school year for monthly contact until the case is dismissed.

ATTENDANCE PROBLEMS

If for some reason a child does not attend speech regularly, he should be dropped from the active list. Before doing so, evaluate what you have been doing, check personally with the teacher, parents and child to find out possible reasons for the child's lack of interest.

REPORT CARDS

The County Office of Education will supply therapists with a report card for each child enrolled for speech therapy.

Report cards will be sent to the parents of each child when:

a. A Child is dismissed from active therapy

   1. corrected

   2. on a clinical vacation

   3. a child moves from the district

b. At mid-year

c. At the close of the school year (See Form SH-6)

SEMI-ANNUAL REPORT

This report is due on January 23rd. An original and three duplicates will be made for each of the therapist's assigned schools. The original will be sent to the local district superintendent, one copy to the principal, and one copy to the supervisor, and one copy will be placed in the therapist's file. See Form SH-9.

FINAL STATE REPORT

These forms are sent to each therapist from the County Office at the close of each school year and have a deadline date included. The forms include the same basic information as the semi-annual report. (See Forms - "Annual Report of Speech Therapist"). For districts having more than one therapist, each therapist will complete a form for the assigned schools. Jointly the therapists will compile one form for the entire district.

NOTE: Statistical data: Total classification of disorder equals case load enrollment by grade level.

FINAL CLOSING-OUT PROCEDURES

The following items should be completed at the end of each school year:

1. Complete the Student Final Report (See Form 7)

   a. Place one copy in the child's speech folder.
   b. Place another copy in the accumulative folder.

2. Prepare the following lists:

   a. Active Case Load
   b. Waiting List
   c. Children dismissed during year
   d. Children on clinical vacation
   e. Children transferred during year

3. Staple all reports pertaining to current year together.

4. Make out an inventory list.

5. Lock everything in file. Be sure tape recorder is locked in safe place and labeled "Speech Therapy."

6. Prepare semi-final and state final reports.

7. Be sure everything is dated and contains the therapist's name, parent's notes, teacher's notes, etc.

8. Be sure <u>all</u> forms are on file under their correct titles. (See Form 18)

9. Return all Speech Handbooks including principal's copy.

FORMS

It is the responsibility of the Hamilton County Office of Education to supply all forms used by speech therapists. Request for forms are made by contacting the secretary in the Division of Special Education, Speech and Hearing Services. The construction of forms is the result of committee action. The Forms Committee evaluates all forms used, as to advisability of continuing their use. Changes to be made to forms and "mock-up" of new forms is done on committee recommendation. Current forms are included in this handbook.

PSYCHOLOGICAL REFERRALS

Speech therapists realize the correlation between prognosis in speech development and intellectual capacity. Therefore, they should be supplied with detailed information relating to the children on their case load and waiting list. You are cautioned against wholesale referrals to the Division of Special Services - Psychological Services - without adequately studying the child yourself through teacher conferences, parent conferences, and general analysis with techniques of your own. When, however, you feel that a psychological evaluation is advisable, this fact should be brought to the attention of the building principal. Supply him with the necessary information and have him process it through the regular channels.

Ask the principal to note under "Comments" that this referral was initiated by the speech therapist. This will automatically indicate to the psychologist that a copy of the report should be sent to the Speech Clinic to be filed in the child's folder. See Form SH-7.

INTENSIVE CYCLE

The traditional approach to speech therapy has been itinerate planning. Recent research indicates that the intensive cycle has some outstanding advantages.

0. Children are seen on a daily basis.
0. Therapy time is shortened which results in dismissal.
0. Compressed and dynamic speech program for each child.
0. Interschool staff relationships are daily.
0. Rapid sequence in therapy session can be accomplished.
0. Quick follow-up of therapy with better carry over
0. Therapist's time utilization is increased.
0. Improvement transition is more dramatic

It is with these factors in mind, that the Hamilton County Office of Education has adopted the intensive cycle program for speech therapy in all local districts.

HOME SCHOOL

Therapists will be assigned to a "Home School." It is at this school that the therapist will join local organizations (P.T.A., H.C.E.A., etc.) and receive mail from the County Office. The local district will be advised of this assignment so that communications can be sent to this home school.

Special equipment should be stationed at each center along with tests or materials purchased by the local school district for use in their schools.

SCHOOL DAY

To provide consistency within the program, the Therapist's day should be 8:30 a.m. to 3:00 p.m. with one half hour for lunch. Although school schedules vary, a six hour program of therapy is minimum, with three and one half hours on Wednesday morning.

The organization of a good therapy program implies that time must be spent in the clinic before children enter the speech room in the morning.

Each therapist is expected to be at the assigned school and in the Speech Clinic at least 20 minutes before actual classes begin.

When a therapist changes schools anytime during the day, time should be scheduled for traveling with a maximum of one half hour.

At the close of the school day, the therapist should spend some time getting the materials prepared for the next class day. If no conferences -- with teacher, principal, or parent are scheduled -- the therapist is expected to remain in the building at least 20 minutes after the children are off the school property.

THERAPY PLANS

Each therapist will construct a daily plan for each session. Current therapy plans must be displayed in each clinic.

It is most wearisome for children to be subjected to the same routine and materials each time they enter the Speech Clinic. Therapists fall into a pattern and rarely see the monotony engendered by routine. This will become evident in therapy planning if the activities and structure of each therapy session is pre-recorded in a Lesson Plan Book. Lesson Plan Books are available in each building.

Children must be motivated constantly, and to inculcate this motivation ingenious implementation of variety, although aiming for similar responses and reactions, is of essence in good Speech Therapy.

SPEECH BOOKS

It is the philosophy of the Department of Speech and Hearing Services that Speech Books constitute an integral part of speech therapy. The function of a Speech Book is:

- To be used as carryover material from the clinic to home drill.
- To familiarize parents with the correction program.
- To be a handy assemblage of material which can be regularly checked by classroom teachers to understand the level of accomplishment by children enrolled in therapy.

The organization and implementation of materials indicates the depth and scope of the therapy program. Therapists are to have available a supply of materials for distribution to each child. The value of "child supplied" pages should not be overlooked.

It is advisable to include in the Speech Book a page for parental initials. This will force the parents to see the contents of the book, and hopefully encourage the child to practice the drill work.

COORDINATION TIME

Wednesday afternoons are scheduled for coordination of the therapy program. This schedule indicates the pre-determined time for coordination at a specific school. This schedule may become unrealistic at which time it should be discussed with the Supervisor. It is imperative to be at the assigned school during coordination time until 20 minutes after the children leave unless conferences or meetings interfere.

Coordination Time (Continued)

Coordination time conferences should be scheduled in advance with parents, teachers, or principal. A reminder note to the participants before the conference is helpful.

Conferences, phone calls, and other arrangements to affect a total program can be accomplished before school, at noon, after school, and even on Saturdays.

POLICY FOR INCLUDING EDUCABLE MENTALLY RETARDED IN SPEECH THERAPY

In a classroom for Educable Mentally Retarded, the curriculum and course of study provide a long list of supplementary books and materials, as well as materials that give emphasis on repetition of detail. The same situations, then, would be necessary when speech therapy is attempted. The time devoted to educable mentally retarded should not only be more intensive, but more frequent.

The evaluation of educable mentally retarded children must be done on an individual basis, and the finalized evaluation based on prognosis, rather than the problem itself. Every child in an educable mentally retarded class should be given a speech and language evaluation at the beginning of each school year. These records, or copies, should be included in the cummulative folder.

When a child from an educable mentally retarded class is included in the regular therapy program, the therapist will gear the child's program of speech and/or language to the student's interest and abilities, rather than the chronological age. If the physical development of the child

interferes with this classification, it may be advisable to re-evaluate the need for speech therapy. The therapist is cautioned that too great a spread chronologically is not advisable, unless the general physical development of the educable mentally retarded child falls in line generally to the group to which he is assigned. The guides for speech therapy will come largely from the techniques employed by the teachers of the educable mentally retarded. The activities used must be appropriate to the child's attention span, recall, and frustration level.

Prognosis for the lower level of educable mentally retarded is not favorable. It is recommended that caution be exercised before such children are included in a program, as certain basic intellectual skills are necessary for speech improvement.

A speech correction and speech stimulation program which is integrated with the entire educational and training program of the educable mentally retarded will probably be more successful than the program designed for those of normal intellect. Much of the speech therapy may not be carried out by the speech therapist, but by the parents, classroom teacher, and others who spend considerable time with the child. These persons should have frequent structured contacts with the speech therapist so that the therapy program will be continued in an appropriate manner.

In the classrooms for the educable mentally retarded, there is freedom from pressure to "stick to the curriculum." Such freedom makes possible the organization of a "Speech Time" during each school day. Therapy procedures will be cognizant of each child as an individual. If the

evaluation proves that a child can be incorporated into speech therapy with normal children, this will be done. For the majority of the children assigned to the classes for educable mentally retarded, an in-class speech time, under the guidance and cooperation of the speech therapist and teacher may be the most meaningful.

SPEECH IMPROVEMENT

A program of speech improvement in a public school is the ground work for an accelerated speech therapy program. It serves to eliminate minimal speech problems, reach children on the waiting list and gives help to children who may not be included in speech therapy. A therapy program has the moral and professional obligation to initiate and maintain a speech improvement program. The grades, type, depth, scope, and sequence of sounds are controversial, but the values of a well thought out program are self-evident.

The therapist should be familiar with the subject and with methods to implement the program. An outline as to how a speech improvement program is planned should be sent to the County Office by October 1st. Utilize the classroom teacher in this program, with the therapist playing the role of consultant. Early in October, establish a meeting with K, 1, 2, and 3 grade teachers and give them an outline to follow. Structure visitations and conferences at times convenient for teachers.

SPECIFIC LEARNING DISABILITIES

The role of the Speech and Hearing Therapist with the teacher and class for children with Specific Learning Disabilities is basically in the general communication area. The therapist's function is to assist the classroom teacher by suggesting, selecting, offering and conferring on materials and methods to improve listening skills and oral expression.

The therapist can offer direct service by working with the students with Learning Disabilities to improve the communication skills of listening and speaking. This will be done with a few children or with the class depending on the situation, the need, the age group and the therapist's schedule in the school. Classroom service will be given after conferring with the Speech and Hearing Supervisor.

A child with learning disabilities who has a specific speech deficit will be assessed by the therapist in screening and therapy will be given to him individually or in small groups.

STAFF MEETINGS

Staff meetings are scheduled as indicated on "Calendar of Events," Page 1. The meetings will be held from 1:00 to 4:00 P.M. unless otherwise stated.

Each staff member will be notified if a change of meeting is planned.

INTERN PROGRAM

A Speech Therapy Internship Program, sponsored cooperatively by the Hamilton County Office of Education, the universities of Ohio and the State Department of Education, has been organized. The purpose of this program is to provide a comprehensive field training experience in public school speech therapy for those students majoring in Speech Pathology and Audiology. The student intern is assigned to a Speech Therapist employed through the Hamilton County Speech and Hearing Services. The Intern is directly involved in all speech and hearing screening, scheduling, parent and faculty conferences and eventually has full responsibility of speech therapy for the total caseload. The Intern is also involved in all in-service training and seminars held through the Hamilton County Office of Education for the regular staff of Speech Therapists. One positive objective of the Intern Program is daily and weekly evaluation and counseling of the Intern by the cooperating Therapist and by the University Supervisor as well. This program provides Intern Therapists with the opportunity to develop the ability to function efficiently as a Public School Speech and Hearing Therapist.

POLICY REGARDING LEAVE

Sick Leave: Each therapist is granted one and one quarter days per month for sick leave accumulative up to 120 days.

The procedure for being absent due to illness is as follows:

1. The day before your absence, or not later than 8:00 a.m. on the day of your absence, Call County Office at 632-8444 and speak to Mrs. Noyes.

2. Call the school or schools affected by the absence. Request that the school principal rnake a general announcement, so that all teachers in the building are notified.

3. Cancel any conferences that were scheduled for that day.

Personal Leave: Each therapist may be granted two days per year for personal leave. Apply to Division of Special Education when requesting such leave.

CONVENTIONS

Therapists are encouraged to attend national and state conventions of organizations which are directly related to the professional duties. Submit a written request to attend such meetings to the Supervisor two weeks prior to the date and time of such meetings. The County Office has limited funds available to lend financial assistance to therapists desiring to participate, but encourages all members to attend professional conventions. Some local districts may underwrite all or part of the therapists' expenses if such request is made to them.

When state or local organizations in Special Education hold their meetings in or near Cincinnati, the entire staff is expected to attend -- Saturday sessions included.

CONFERENCES - INDIVIDUAL

During the month of April, an annual conference will be scheduled with each therapist. The purpose of this individual conference is to have the Supervisor prepare each therapist for the pending close of the school year, to prepare information relating to continued employment for the succeeding school year, and to evaluate the therapist's program. The therapist has the opportunity to request personal preferences relating to assignment and case loads for the following year.

Throughout the school year, individual conferences are encouraged. These can be structured before a staff meeting, or after the Supervisor's visitation. Any therapist desiring a conference before or after a staff meeting should have an appointment in advance.

VISITATION DAYS

Visitation is a method of attaining better insight and understanding of other educational specialists' programs and techniques. There is no organized or established plan where by every therapist will be scheduled for an in-service experience. Scheduling is done on an individual basis, after the request has been reviewed by the Supervisor. Written request must be received at the County Office two weeks before visitation is planned. Visitation need not be to other speech therapy programs, but could be to specialists working with handicapped children. The purpose of visitation is to assist the therapist in better meeting the needs of her own caseload.

Suggested centers for visitations:

Cincinnati Speech and Hearing Center

Children's Hospital

Cerebral Palsy Center

Kennedy School - Dayton - Deaf

Cincinnati Public Schools:

Sixth District - Deaf

Clifton - Deaf

St. Rita's School for Deaf

Dyer School - Mentally Retarded

ORGANIZATIONAL MEMBERSHIP

The following organizations are listed as those active in our school districts and our profession. Those starred are organizations which all therapists should feel obligated to support.

This does not mean that we want you to overlook the others, as they too contribute much to our schools, community, training, and ourselves.

American Speech and Hearing Association

*Council for Exceptional Children

*Division of Children's Communication Disorders

*Hamilton County Education Association

Local Teacher Association

National Education Association

Ohio Education Association

*Ohio Speech and Hearing Association

*Parent-Teacher Organization (Home School)

*Southwestern Ohio Education Association

RELATIONSHIP WITH LOCAL SUPERVISORS

Each therapist is employed by the Hamilton County Office of Education, but is assigned to specific schools. The supervision and direction is the responsibility of the County Office.

Some local districts, however, have their own supervisors. Generally their area of responsibility lies with normal, primary, and intermediate children. We must be aware that they are deeply concerned with, and very capable of, assisting in the education of all children in their district. It is advisable, therefore, to gain their confidence and to request their aid in

implementing your program in Speech Therapy and Speech Improvement. Their relationship with the teaching staff can assist you in having a total program, rather than one that is shallow and superficial.

It is necessary that during the first few days of school, the therapist make direct contact with the principal and local elementary supervisors to discuss your procedure for screening, the grades to be involved and your time in that district. The exchange of school, class and class enrollment schedules is vital.

Check the previous year's active case load with the school secretary and eliminate those who have moved from that school or district. Obtain and review the school handbook which will have pertinent dates regarding that school.

SCHOOL MEETINGS

A. Board of Education

A procedure has been established which met with considerable success, whereby each therapist reports personally to the local school board. Arrangements should be made by the local superintendent for the therapist to be present at the meeting he suggests.

The therapist should be prepared to discuss the case load, as to the number enrolled during the year, the number dismissed as corrected, the number on the waiting list. The numbers should be broken down as to problem-type and severity.

The therapist should also do some prognostication for the next school year, as to what the true picture in this school district will be. Although this appearance at the school board meeting is not obligatory, this Office feels that contact with community leaders by the therapist offers a good opportunity to explain the Speech and Hearing Services program offered.

B. Building Meetings

To be cognizant of activities, philosophies and organization within a school, it is important to become involved as a member of the school staff. Attendance at building meetings is encouraged because it places the therapist as an interested, contributing member of the faculty and reminds teachers of our interest in the children attending that school.

C. P.T.A. Meetings

Attendance at P.T.A. meetings, carnivals, festivals is very helpful. Attesting to the therapist's interest in the children, school and parents, Local Parent Teacher Associations should be given a report of the progress of Speech and Hearing Services and arrangements for reporting can be made through the program chairman and/or the Special Education Chairman.

COMMITTEES

Forms Committee

Three Rivers
Northwest
Mariemont

Special Meetings

Oak Hills
Finneytown
Madiera

Professional Library

Southwest
Forest Hills
Lockland

Handbook Committee

Reading
Lincoln Heights
Norwood

ORGANIZATIONS

Northwest
Oak Hills

PURCHASE EQUIPMENT AND/OR SUPPLIES

To assist local districts in the purchase of special supplies and equipment for the Speech and Hearing Services Program, the following procedure is established.

Forward a request to the Supervisor listing the equipment or supplies desired, include the prices, publishers, addresses and other pertinent information.

Upon receipt of the request, the Supervisor will forward it to the appropriate person in the local district with a note approving the request, or it will be returned to the therapist requesting qualifying information.

ASSIGNMENTS

1969-1970
Staff Meetings

DATE:	STAFF:	ASSIGNMENTS:
September 17	Virginia Miller Martha Avant	Relationships within the School
October 15	C. Follmer Sigrid Eigenberg	Materials Workshop
November 19	Kathy Hosea Eilene Klug	Dr. Edwards, Miami University Reading
December 18	Donna Esteridge Kathy King	P.T.A. Chirstmas Luncheon
January 21	G. Nakamura Sandy Austin	Dr. Keith, General Hospital Audiology
February 18	Donald Turner Lois Hertzman	Joint Meeting with L.D./E.M.R.
March 18	Nita Clarisey Suzanne Fountaine	Psychologists Nurses
April 15	Sharon Stupak Mellissa Cutter	Dr. Hyman, Bowling Green State University, Voice
May 20	Barbara Doerner	

SPEECHES TO COMMUNITY GROUPS

It is believed that therapists with one or more year's experience should give talks to community groups concerning Speech and Hearing Services. A beginning therapist may be asked to report on her specific program as to number of children included, etc., this is permissable. Otherwise contact should be made with the Supervisor who will then assign a therapist to speak to the particular group.

PROFESSIONAL LIBRARY

The Hamilton County Office of Education has the beginnings of a Special Education professional library. Therapists are requested to recommend new books to be included. Present to the Supervisor the pertinent information of a desired book, so that it can be discussed at a staff meeting. If the consensus agrees to the value of this addition, it will be purchased for the use of the entire staff.

Many fine books and periodicals are published yearly containing new information about our profession. Therapists must be cognizant of these publications.

Professional books are located in the Office of Speech and Hearing Services. They may be borrowed on a regular library two week basis. The Therapist is responsible for return of the materials and a fine will be made on overdue books. Library sign out cards are available.

A collection of current professional periodicals covering a span of several years is available for reading only in the clinic. They may not be borrowed. Each therapist is urged to hold membership in the professional organizations to obtain their own journals.

The books have been classified according to subject matter. The following code is used on each book in the professional library:

Artic.	Articulation	Lang.	Language
C.P.	Cerebral Palsy	L.D.	Learning Disabilities
Cl.P.	Cleft Palate	Phon.	Phonetics
Dis.	Disfluency	Sp.	Speech
H.	Hearing	V.	Voice
	Misc.	Miscellaneous	

Artic. 1. Correction of Defective Consonant Sounds (Nemoy-Davis)

Artic 2. Graduate Education in Speech Pathology and Audiology (ASHA)

Artic. 3. The Teaching of Speech (Haycock)

Artic. 4. Speech Correction: Principles and Methods (Van Riper)

Artic. 5. Speech Disorders (Berry and Eisenson)

Artic.,V. 6. Voice and Articulation (Fairbanks)

Artic.,V. 7. Voice and Articulation (Van-Riper and Irwin)

H. 8. Audiometry: Principles and Practices (A. Glorig)

H. 9. Hearing and Deafness (Davis and Silverman)

H. 10. Hearing Therapy for Children (Alice Streng, et al)

H. 11. Visual Communication for the Hard of Hearing (O'Neil & Oyer)

Lang. 12. Development and Disorders of Written Language (Myklebust)

Lang. 13. Language Disorders in Children (Nancy E. Wood)

Lang.H. 14. Language for the Pre-School Deaf Child (Lassman)

Lang. H. 15. A Language Outline: A Method of Teaching Language to the Deaf and Hard of Hearing

Lang. 16. Operant Procedures in Remedial Speech and Language Training (Sloane and MacAuley)

L.D. 17. Aphasic Children (McGinnis)

L.D. 18. Childhood Aphasia (Institute of Childhood Aphasia)

L.D. 19. Educating Children with Learning Disabilities (Frierson and Barbe)

Professional Books (Continued)

L.D.	20.	The Non-Verbal Child (Sol Adler)
L.D.	21.	Teaching Reading to Slow Learning Children (Kirk)
Misc.	22.	Structure of American English (Francis)
Phon.	23.	An Introduction to General American Phonetics (Van Riper and Smith)
Phon.	24.	Phonetics (Carrell and Tiffany)
Phon.	25.	Sounds of American English (Leutenegger)
Sp.	26.	Dynamic Speaking (Bryan)
H.	27.	Auditory Disorders in Children (Myklebust)
L.D.	28.	Learning Disabilities: An Educational Method and Practice (Johnson and Myklebust)
H.	29.	Hearing Aids, Lipreading and Clear Speech (Ewing)
Sp.	30.	Better Speech and Better Reading (Schoolfield)
H.	31.	Audiology (Newby)
Sp.	32.	Speech and Hearing Therapy: Clinical and Educational Principles and Practices (Irwin)
Dis.	33.	Stuttering and What You Can Do About It (Johnson)
L.D.	34.	Learning Disability: An Educational Adventure (Kephart)
Sp.	35.	Diagnostic Methods in Speech Pathology (Johnson, Darely and Spriesterbach)
H.	36.	Supervisor and Supervision of Teachers of the Deaf (Schmitt, Quigley and Quandagno)
Misc.	37.	Games and Rhythms for the Elementary School (Latchaer)
H.	38.	Auditory Communication for the Hard of Hearing (Oyer)
Dis.	39.	Stuttering Therapy for Children (Luper and Mulder)
Sp.	40.	Speech Correction: Principles and Methods (Van Riper)
Sp.	41.	Speech Correction in the Schools (Black)

CHANNELS OF REFERRAL

Children's Hospital
Elland and Bethesda Avenues
Cincinnati, Ohio 45229
281-6161

Hamilton County Diagnostic Clinic for the Mentally Retarded, Inc.
295 Erkenbrecker Avenue
Cincinnati, Ohio 45229
861-2004

University of Cincinnati, General Hospital
Audiological Services
3231 Burnet Avenue
Cincinnati, Ohio 45229
872-3100

United Cerebral Palsy of Cincinnati
3601 Victory Parkway
Cincinnati, Ohio 45229
861-4567

Family Service of the Cincinnati Area
2343 Auburn Avenue
Cincinnati, Ohio 45219
381-6300

Neuromuscular Clinic
Elland and Erkenbrecker Avenues
Cincinnati, Ohio 45229
221-8282

Cincinnati Speech and Hearing Clinic
3006 Vernon Place
Cincinnati, Ohio 45229
221-0527

9.3 Selection of Case Load

9.31 Selection of children included in the program for speech and hearing therapy shall be made by the therapist.

9.32 The bases for selection of students for speech therapy shall be:

9.321 Diagnostic speech evaluation, including observation of the speech structures.

9.322 Audiometric evaluation, which should be completed by the time therapy commences.

9.323 General examination by school or family physician when indicated.

9.324 Referral to an otolaryngologist through the school or family physician where indicated with children with voice difficulties.

9.33 The bases for selection of children for speech-reading (lip-reading) and auditory training shall be:

9.331 Individual audiometric evaluation.

9.332 Otological examination, with a copy of the report filed with the speech therapist.

9.4 General Organization

9.41 Class size shall be limited to a maximum of five students.

9.42 Class periods of a minimum of thirty minutes shall be required for children seen in groups. Individual lessons may be fifteen to thirty minutes in length. High school students may be scheduled for the same length of time as regular class periods.

9.43 Each therapist shall maintain adequate records on all students screened, those presently a part of the case load and those dismissed from therapy.

9.44 Children should not be dropped from therapy before optimum imporvement has been reached.

9.45 Periodic assessment of children dismissed as corrected should be made over a two year period.

9.46 Each therapist should have access to a private office and a telephone for holding private conferences regarding speech and hearing cases.

9.47 Secretarial services should be supplied as needed.

9.5 Methods of Scheduling

9.51 Traditional Method of Scheduling

9.511 Elementary children shall be enrolled for a minimum of two periods weekly until such time as good speech patterns are fairly consistently maintained. Children may be seen less frequently in the "tapering off" period.

9.512 Children enrolled in high school classes may be scheduled once a week, although twice-weekly sessions may be desirable where scheduling permits.

9.513 One therapist, who devotes full-time to the program shall serve a minimum of seventy-five to a maximum of 100 students in active therapy at any one time.

9.52 Intensive Cycle Method of Scheduling

9.521 The speech and hearing therapist shall schedule at least four one-half days of each week in the intensive cycle in any one center, with an additional one-half per week being utilized in following up cases in previous cycles where continued reinforcement is indicated. It is anticipated that most therapists will be scheduled in two centers daily.

9.522 Each speech center shall be scheduled for a minimum of two to a maximum of four intensive cycles per year.

9.523 The length of a scheduled intensive cycle shall be a minimum of five to a maximum of ten consecutive weeks.

9.524 The individual intensive cylce scheduled at a particular center shall not be consecutive, but shall be separated by the time spent in alternate blocks in other centers.

9.525 The first intensive cycle shceduled at a particular center should be the longer to provide sufficient time for screening and selecting pupils and initiating the program.

9.53 Combination of Scheduling Methods

9.531 A combination of the intensive cycle and traditional methods may be scheduled by any one therapist with the prior approval of the Division of Special Education. Either one or the other of the above methods of scheduling should be selected, except where the nature of cases indicated a combined approach is desirable.

9.6 Housing

9.61 A quiet, well-lighted and well-ventilated room with an electrical outlet shall be provided in each center where a therapist works.

9.62 The space in each center where a therapist works shall be provided with five medium size chairs, one table to fit the chairs one teacher's chair, one bulletin board, one permanent or portable chalkboard, and one large mirror mounted so that the therapist and students may sit before it.

9.63 School districts shall make available for the use of each and hearing therapist one portable individual pure tone audiometer.

9.631 A speaker attachment should be included for use in auditory training.

9.632 The audiometer should be calibrated on an annual basis, such calibration completed at least once every three years. Calibration to International Standards Organization specifications is recommended.

9.7 Conference and Follow-Up

9.71 Not less than one-half nor more than one day per week shall be allocated for coordination of the program, parent, staff, and agency conferences concerning individual students, and related follow-up activities.

9.72 Part of the coordination time may be devoted to the development of speech and language improvement programs on a consultive basis.

Program Standards (Continued)

9.8 Qualification for Speech and Hearing Therapist

9.81 All speech and hearing therapists shall hold the special certificate in speech and hearing therapy.

9.82 Speech and hearing therapists shall possess good speech patterns and be able to hear within normal limits.

School _____

Teacher _____

Grade _____

Date _____

Please list below the names of the students in your room who you feel should be checked for speech and hearing services.

The following are clues to look for in the classroom speech of the students that you might want to refer:

1. Hard to understand
2. Hesitates, repeats sounds, words, phrases
3. Has peculiar quality of voice; hoarse, raspy, nasal, husky
4. Is noticeably reluctant to read or speak in class - or to his own age group
5. Has unusual volume to his speech, too loud or too soft

Referral for speech check

Student's name Comments

_____

_____

_____

_____

_____

_____

Referral for hearing check

Student's name Comments

_____

_____

_____

_____

Students new to the school

_____ _____

_____ _____

_____ _____

Please return this referral to my mailbox - with or without referrals.

Speech Therapist

SH-1

HAMILTON COUNTY PUBLIC SCHOOLS
Division of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

FALL SPEECH SURVEY

School _____ Date _____

Enrollment _____ Therapist _____

Total children in need of speech and/or hearing therapy.

Severe _____ Mo _____ Mi _____

Survey Procedure:

_____ K -1-2-3-4-5-6-7-8-9 Grade(s) screened(every child)

_____ Waiting list

_____ Children new to the school since last October

_____ Children enrolled in speech class last year

Room Working Conditions. _____

Equipment Needed. _____

Comments. _____

SH-2

NURSE'S EXAMINATION RESULTS

(for use in Speech Files)

Date _____

Name _____ Grade _____ Teacher _____

This child has been examined by the school nurse for the following reasons:

_____ Hearing

Comments:

_____ Voice

_____ Organic

_____ Other

He She

___ ___ will be checked periodically to see if the condition re-occurs

___ ___ will be referred to a specialist for further examination

___ ___ will not be referred

Comments:

Please return to the speech therapist

HAMILTON COUNTY BOARD OF EDUCATION
Division of Special Education
325 East Central Pakrway
Cincinnati, Ohio 45202

COLIN P. YACKS, Director
Speech and Hearing Therapy

Date _____

Dear Parent:

Your child, _____, has received a speech evaluation at school. At this time your child's speech is considered to be:

_____ in need of re-evaluation at a later date and may be scheduled to receive speech services in the future.

_____ in need of speech services at the present time.

Your child is enrolled for speech therapy class at _____ on _____ from _____ to _____. This service is provided by your school at no extra cost to you. The arrangements have been made with the approval of the school administration.

I will contact you at a later date for a conference appointment. At that time we will discuss your child's speech and how you may help at home.

Feel welcome to call me to arrange an observation of the speech class on any day when your child is scheduled for therapy. Please contact me if you have any questions regarding your child's speech. I shall appreciate your cooperation.

Sincerely,

_____
Speech Therapist

_____
School Phone

_____
Principal

Comments:

Privileged Information

CONFERENCE INFORMATION FORM

Name _____ Birthdate _____ School _____

Parent _____ Address _____

Phone Number _____

Date	Therapist's signature after each conference

Dear Parent:

This is a report concerning the progress of your child in the Speech Class at the _____ School. From (Date) _____ to (Date) _____

THE CHECKED ITEMS PERTAIN TO YOUR CHILD
"S" = Satisfactory
"U" = Unsatisfactory
"I" = Improving

I. PERSONAL HABITS
A. Individual Responsibilities
_____1. Is punctual
_____2. Brings Speech Book
_____3. Has assignments completed
_____4. Practices daily according to instructions
_____5. Is interested in improving his/her speech

B. Classroom Participation
_____1. Listens intelligently
_____2. Follows directions readily
_____3. Attempts to do difficult oral activities
_____4. Accepts criticism
_____5. Objectively evaluates the speech of others

II. RESULTS OF THERAPY:
A. Description of Difficulty
1. Therapy completed on the following sounds:

_____

Therapy being done on the following sounds:

_____

B. Production for sound presently being worked on
_____1. Can produce the sound in isolation
_____2. Can produce the sound in syllables
_____3. Can produce the sound in words and sentences
_____4. Can produce the sound in reading
_____5. Can produce the sound in speaking situations

III. RECOMMENDATIONS:
1. Continued therapy _____
2. Clinical vacation _____
3. Dismissal from further therapy ___

COMMENTS:

"SPEECH IS DEFECTIVE WHEN IT DEVIATES SO FAR FROM THE SPEECH OF OTHER PEOPLE THAT IT CALLS ATTENTION TO ITSELF, INTERFERES WITH COMMUNICATION OR CAUSES ITS POSSESSOR TO BE MALADJUSTED."

Van Riper

HAMILTON COUNTY PUBLIC SCHOOLS
325 East Central Parkway
Cincinnati, Ohio 45202

DEPARTMENT OF SPECIAL EDUCATION
SPEECH & HEARING SERVICES

REPORT TO PARENTS

NAME: _____

SCHOOL: _____

DATE ENROLLED: _____

MAXIMUM ½ HOUR SESSIONS

ATTENDED _____ ½ HOUR SESSIONS

_____
(Speech Therapist)

Date Received _____
Date Scheduled _____

PLEASE SUBMIT IN DUPLICATE

REQUEST FOR INDIVIDUAL SERVICES
HAMILTON COUNTY OFFICE OF EDUCATION
Psychological Services-Referral Form

Identifying Data

Name _____ Birthdate _____ Sex _____

Parents (Full Name) _____ Grade _____ Teacher _____

_____ Phone Number _____

Guardian _____

Address _____ District _____ School _____

Referred by _____

Reason for Referral: What conditions, situations or behavior initiated this referral?

Purpose for Referral: What type of information or service do you feel is necessary to help you work effectively with this child?

What has been done by the school to attempt to solve the problems listed above?

Are the parents aware of this request? If "yes", what is their attitude or reaction?

Has there been any contact with any agency? (List agency, date, and contact person, if available)

What is child's present academic situation? (Include grades in major areas)

Previous Test Results

Test	Date	C.A.	M.A.	I.Q. or G.P.	%ile	Comment

(Many children because of specific situations need to be registered with the Social-Service Exchange. To do this "Identifying Data" and "Family" sections must be completed.)

Family

Father's Birthdate

Occupation

Mother's Birthdate

Occupation

List brothers and sisters and their birthdates:

List any other facts concerning family background or home conditions which may be pertinent:

School

Grades retained:

History of problem:

Date of previous psychological evaluation:

List previous schools attended, addresses, and dates attended:

Medical

Give results of most recent examination, if available:

Type	Date	Examined by	Comment
Physical			
Vision			
Hearing			
Speech			

Present source of medical attention (family doctor - pediatrician):

Name	Address	Telephone

List any other doctor, specialist, or clinic that has seen child in last five years:

Name	Address	Date

Additional Comments

HAMILTON COUNTY BOARD OF EDUCATION
Division of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

COLIN P. YACKS, Director
Division of Special Education

Telephone: 632-8441

SPEECH THERAPY DISMISSAL FORM

School _____ Date _____

_____ has been released from speech class for the following reason:

_____ 1. The sound/s we were working on seem to be satisfactorily corrected.

_____ 2. Loss of teeth make it impossible for _____ to correct his speech at this time.

_____ 3. _____ is seldom prepared for speech class - fails to practice at home - so has made little progress.

_____ 4. _____ has corrected as many sounds as can be expected at this time. When he matures more, we will work on the others.

_____ 5. _____ has presented such a problem in class that for the benefit of others, I must ask him not to come.

_____ 6. Other: _____

_____

Therapist _____

Copies to:
_____ Teacher (to be filed in accum folder)
_____ Parent
_____ Speech Accum.

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HAMILTON COUNTY PUBLIC SCHOOLS
Division of Special Education
Semi-Annual Speech and Hearing Service
SUMMARY

1. Semi-Annual - Sept. - Jan.
2. Semi-Annual - Jan. - June
3. Annual - September - June

SCHOOL _____

FROM _____ TO _____

Classification	1 Number at beginning of Per.	2 Added to Case Load (List)	TOTAL 1 and 2	3 Corrected (List)	4 Improved	5 No Improvement	TOTAL 3, 4, and 5	Dropped or Transferred (List)	Waiting List	Psychological Evaluation Secured	Home Visits (List)	Parent Conferen. At School*(List)	Teacher Conferences
Defects of Articulation													
Delayed Speech Development													
Defects of Rhythm													
Cerebral Palsy													
Cleft Palate													
Defects of Voice													
Hard of Hearing (Speech)													
Other													
TOTAL													

Speech Examinations (include survey) _____
Audiometric Examinations _____
Talks at Teacher's Meetings _____
Talks at Community Functions (list) _____

Observations of Therapy by:
Supervisors _____
Principals _____
Parents _____
Other _____

Copies to: _____ Superintendent
_____ Principal
_____ Supervisor
_____ File

*include phone conferences

_____
Speech and Hearing Therapist

_____
Principal

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Division of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

gnostic Form _____ Type of Problem _____

e _____ Date of Test _____ Examiner _____

thdate _____ Sex _____ Grade _____ Room _____ Teacher _____

ress _____ Telephone _____

ent _____

Articulation (Key: p/v-substitution; o-omission; dis-distortion; inc.-inconsistent)

Retest_____ Retest _____ Retest_____ Retest_____

Sound	I	M	F	I	M	F	I	M	F	Sound	I	M	F	I	M	F	I	M	F
p										s									
b										ʃ									
t										z									
d										ʒ									
k										m									
g										n									
tʃ										ŋ									
dʒ										l									
f										w									
v										hw									
θ										j									
ð										r									
h																			

Stops
Fricatives
Fricatives
Lateral
Glides

Blends Missed:

L. _____ _____ _____ _____ _____ _____

R _____ _____ _____ _____ _____ _____

S _____ _____ _____ _____ _____ _____

RAL EXAMINATIONS:

Lips _____ Teeth _____ Quality _____ Rate _____

Jaw _____ Tongue _____ Intensity _____ Pitch _____

Hard Palate _____

Soft Palate _____

HEARING - Pure Tone: _____ Discrimination: _____

Retest: _____ Retest: _____

Auditory Memory _____

Comments:

HAMILTON COUNTY PUBLIC SCHOOLS

Department of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

INFORMATION FORM - SPEECH AND HEARING THERAPY

Pupil's Name _____ Date of Birth _____
Address _____ Telephone _____
Father's Name _____ Occupation _____
Mother's Name _____ Occupation _____
Place of Birth: Child _____ Father _____ Mother _____

Other children in family:

Name	Age	Sex	Grade

Childhood diseases - please give the age of each illness.

_____ _____
_____ _____
_____ _____

Any illness with a very high fever?

_____

Any injuries - please give age:

_____

Ages for: Sitting up _____ Babbling and cooing _____
Creeping _____ Speech difficulty first noticed _____
Walking _____ First put words together in short sentences _____

Early childhood behavior:
Good _____ Average _____ Cried a great deal _____
Feeding problem _____ At what age _____
How do other children feel about his (or her) speech? _____

How does the family feel about his (or her) speech? _____

How does the child feel about his (or Her) speech? _____

What has been done to help him with his (or her) speech? _____

(Use other side for additional information.)

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HAMILTON COUNTY BOARD OF EDUCATION
Division of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

Name _____ Age _____ Date _____

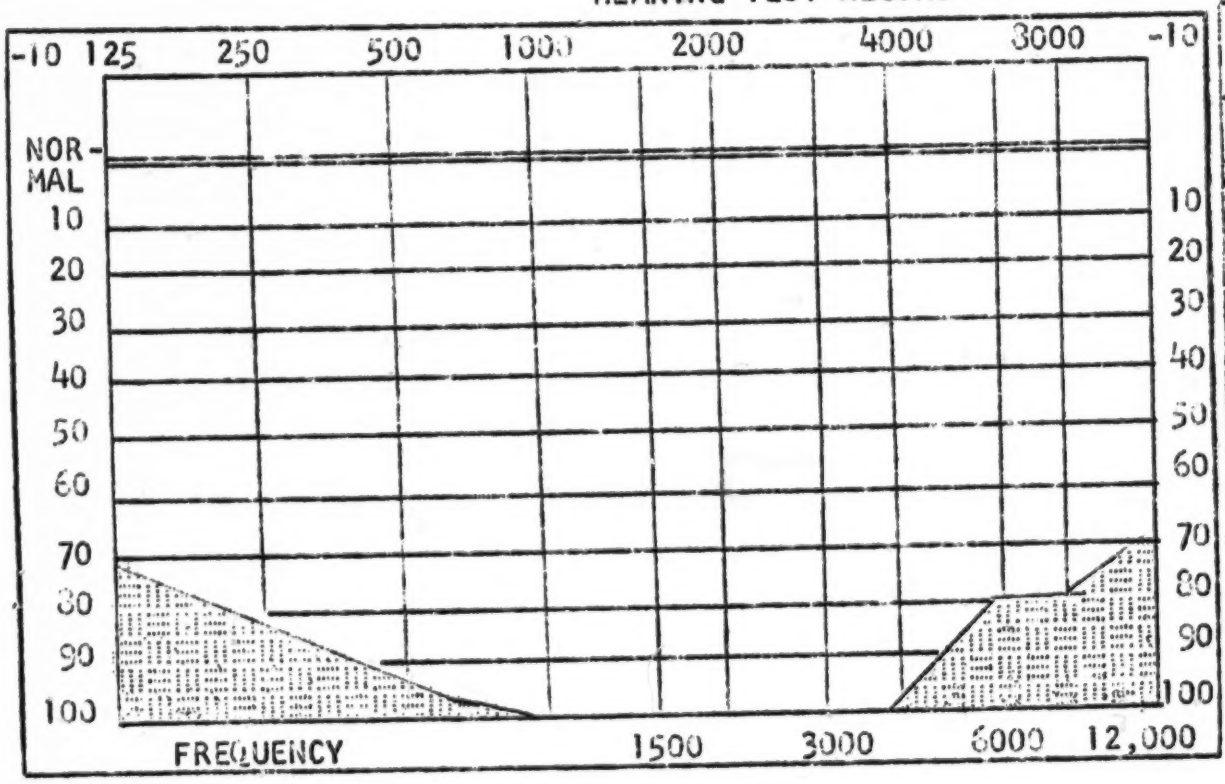
Address _____ Examiner _____

Referred by _____ Test Room _____ Audiometer _____

Physical condition of child _____

Ambient noise level _____

HEARING TEST RECORD



	LEFT EAR BLUE	RIGHT EAR RED
AIR	X	O
AIR WITH MASKING	□	△
BONE COND. WITH MASKING	◁	▷
D B INTENSITY of MASKING		

A.M.A.% HEARING LOSS
L_____ R____ COMB____

	LEFT EAR	RIGHT EAR
S.R.T.		
M.C.L.		
T.D.		

NARRATIVE SUMMARY

HAMILTON COUNTY BOARD OF EDUCATION
Division of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

OTOLARYNGOLOGIST'S REPORT

_____ _____
(NAME OF CHILD) (DATE)

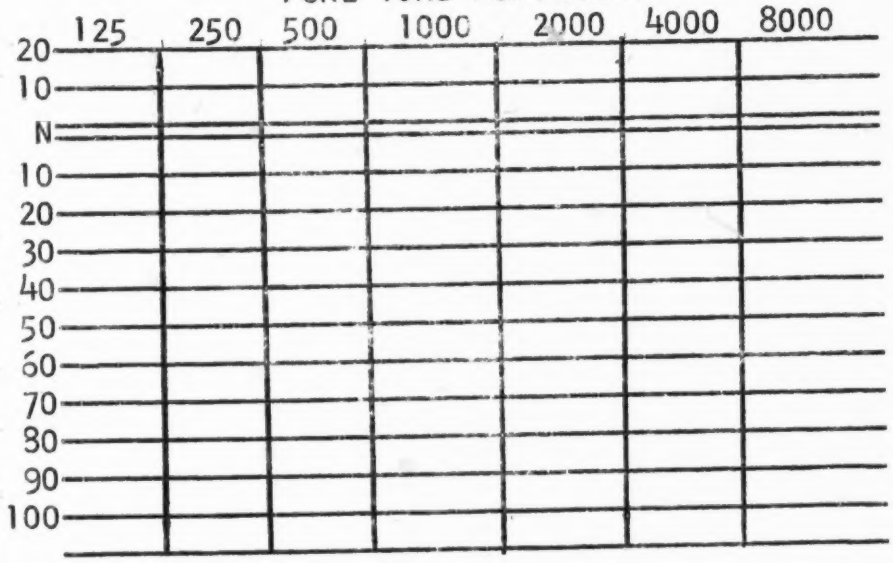
_____
(SCHOOL)

he above child has been referred for speech therapy because of the following atypical voice characteristics:

PITCH:		INTENSITY:		QUALITY:		OTHER:
High	Pattern	Loud	Uncontrolled	Hoarse	Nasal	
Low		Soft		Harsh	Denasal	

ue to the requirements of the Special Education Department of the State of Ohio, no child ay receive voice therapy without the written recommendation of a qualified otolaryngologist. For this reason, would you please complete the following information after your examination f this child:

PURE TONE AUDIOGRAM



Left Ear - blue Right Ear - red

ir Conduction: X

Bone Conduction: C

e sure to indicate masking used.

Referred by _____
(Therapist)

_____

_____

Return to:
Mr. Colin P. Yacks, Director
Division of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

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A. Ear: _____

_____

B. Nose: _____

1) Adenoids enlarged: Yes No

C. Throat: _____

1) Tonsils enlarged: Yes No

2) Future observation of tonsils Needed: Yes No

D. Larynx: _____

_____

E. Treatment Recommended: _____

_____

_____

F. Additional Treatment Necessary:
Yes_____ No_____

G. I wish to see child again:
Yes_____ No_____ When_____

H. Voice Therapy:
Recommended:_____ Not Recommended_____

Examiner:_____

Address: _____

Date of Examination: _____

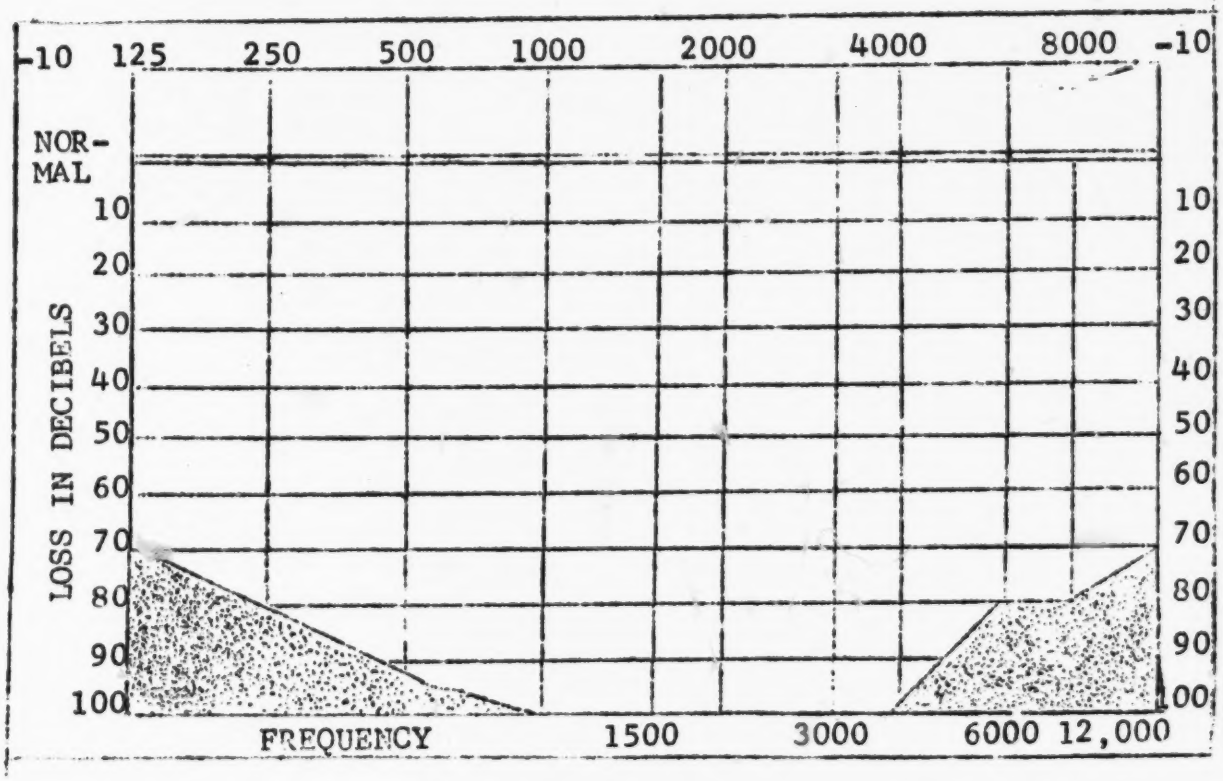
Otological Report

HAMILTON COUNTY BOARD OF EDUCATION
Division of Special Services
325 E. Central Parkway
Cincinnati, Ohio 45202

Child's Name _____ Date _____
School _____ Grade _____
Was treatment for the hearing problem necessary for this child? _____Yes _____ No
Did you initiate this treatment? _____Yes _____No
Do you wish to see the child again? _____Yes _____No _____When
Summary of hearing problem and diagnosis if indicated:

Recommendations for parents or schools (preferential seating, speech and hearing therapy, avoid swimming, etc.)

This child will be retested periodically. Would you like a copy of the audiogram sent to you? _____Yes _____No When _____
Comments:



	LEFT EAR BLUE	RIGHT EAR RED
AIR	X	O
AIR WITH MASKING	□	△
BONE COND. WITH MASKING	◁	▷
D B INTENSITY of MASKING		

A.M.A.% HEARING LOSS

L R COMB.

	LEFT EAR	RIGHT EAR
S.R.T.		
M.C.L.		
T.D.		

MAIL TO:
Mr. Colin Yacks, Director
Special Education
Hamilton County Board of Education
325 E. Central Parkway
Cincinnati, Ohio 45202

Speech Therapist _____
SH-15

Signed by:

_____M.D.

_____Address

_____Date

SPEECH EXAMINATION RESULTS

Date _____ Teacher _____

The screening of the speech of the children in your room has indicated the following results.

Articulation Difficulties

_____ _____ _____

_____ _____ _____

_____ _____ _____

Disrhythmia Language

_____ _____

_____ _____

Voice Problems Organic Problems

_____ _____

_____ _____

Waiting List

Reason: Reason: a. maturation
b. missing teeth

_____
Speech Therapist

_____
School

HAMILTON COUNTY BOARD OF EDUCATION
Division of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

SPEECH THERAPY
Term End Report

Date: _____

Name of Child _____

Name of Parents _____

Address _____

School _____

Age _____ Grade _____

Type of Problem _____

Attended _____ out of a possible _____ lessons.

_____

_____

Extent of Speech Therapy

Cooperation of Child

Cooperation of Parents

Disposition

Signed _____
Speech and Hearing Therapist

SH-17

HAMILTON COUNTY OFFICE OF EDUCATION
Division of Special Education
325 East Central Parkway
Cincinnati, Ohio 45202

End of Year Check Out List

THERAPIST'S NAME _____ SCHOOL _____ DATE_____

The following items are to be checked on or before the last day of school, in the district to which you are assigned.

1. _____ ATTENDANCE SHEET
2. _____ ALL THERAPIST'S HANDBOOKS TO BE RETURNED TO COUNTY OFFICE
3. _____ LESSON PLAN BOOK
4. _____ SUPPLY INVENTORY (2 copies)
5. _____ FURNITURE INVENTORY (2 copies, include everything)
6. _____ KEYS TO BUILDING PRINCIPAL
7. _____ CUMULATIVE FOLDERS (arrange alphabetically and separate the dismissal and retained pupil's records.)
8. _____ DISMISSAL LISTS
9. _____ RETENTION LISTS
10. _____ WAITING LISTS
11. _____ COPIES OF ALL SPEECH & HEARING TEST RESULTS (to be in file)
12. _____ COPIES OF ALL FORMS IN FILE FOLDERS
13. _____ REQUESTS
    (a) Supplies requested
    (b) Repairs requested

TO BE RETURNED IN JUNE ALONG WITH "STATE REPORT."

Signed_____

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